

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/21/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G696		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/20/2011	
NAME OF PROVIDER OR SUPPLIER  ARC BRIDGES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 336 W 56TH ST MERRILLVILLE, IN46410			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: October 17, 18, 19, and 20, 2011</p> <p>Facility number: 003103 Provider number: 15G696 AIM number: 200317190</p> <p>Surveyors: Tim Shebel, Medical Surveyor III-Team Leader Christine Colon, Medical Surveyor III</p> <p>The following federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 11/4/11 by Chris Greeney, Medical Surveyor Supervisor and Ruth Shackelford, Medical Surveyor III.</p>			W0000			
W0104	The governing body must exercise general policy, budget, and operating direction over the facility.			W0104	Client #4 was reimbursed \$20.98, Client # 5 was reimbursed \$80,		11/18/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Based on record review and interview, the governing body failed for 4 of 5 clients (clients #1, #2, #4 and #5) living at the group home, to exercise general operating direction in a manner to ensure clients did not pay for hair cuts and hygiene products.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 10/19/11 at 11:50 A.M.. A financial record review for clients #1, #2, #4 and #5 was completed.</p> <p>1. The financial review for client #1 indicated the client had paid for hair cuts on 3/26/11 in the amount of \$12.00, on 5/17/11 in the amount of \$15.00 and on 7/11/11 in the amount of \$15.00. The review also indicated a receipt dated 12/31/10 for two tubes of toothpaste totaling \$5.00, mouth wash \$2.79, two items of deodorant totaling \$5.98, deodorant \$2.99, shampoo \$1.78, two bottles of conditioner totaling \$1.78, and a shampoo twin pack \$3.59.</p> <p>2. The financial record review for client #2 indicated the client had paid for hair cuts on 4/16/11 in the amount of \$12.00 and 6/11/11 in the amount of \$12.00. The review further indicated a receipt dated</p>				<p>Client #1 was reimbursed \$65.91, and Client #2 was reimbursed \$42.95. DSP was re-trained to use designated household budget for grooming and/or hair cuts. To ensure future compliance the budgets will be reviewed bi-weekly to assure clients are not paying for grooming items and/or hair cuts.</p>		

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	<p>12/31/10 where client #2 was charged for seven items of body wash totaling \$7.00, two bottles of shampoo totaling \$1.78, and conditioner \$.89, mouth wash \$6.29, deodorant \$2.99."</p> <p>3. The financial record review for client #4 indicated the client had paid for a hair cut on 8/5/11 in the amount of \$15.00. The review further indicated a receipt dated 12/30/10 indicated client #4 was charged for two packages of maxi-pads totaling \$5.98.</p> <p>4. The financial record review for client #5 indicated the client had paid for hair cuts on 1/15/11 in the amount of \$15.50, on 6/4/11 in the amount of \$15.00, on 7/28/11 in the amount of \$15.00 and on 9/12/11 in the amount of \$15.00. A receipt dated 12/31/10 indicated client #5 was charged for twenty items of body wash totaling \$20.00.</p> <p>Further review of client #1, #2, #4 and #5's records did not indicate they were reimbursed for the mentioned expenses.</p> <p>An interview with the Service Coordinator (SC) was conducted on 10/19/11 at 12:40 P.M.. The SC indicated clients should not pay for hygiene products and hair cuts and further indicated clients #1, #2, #4 and #5 had not</p>						

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	been reimbursed for the mentioned expenses.  9-3-1(a)						